


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90024 019 ****61.25

DOCUMENT # N03000005505	
1. Entity Name F F O, INC.	

Principal Place of Business 205 PALMETTO CONCOURSE LONGWOOD, FL 32779 US	Mailing Address 205 PALMETTO CONCOURSE LONGWOOD, FL 32779 US
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04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 43-2020436	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAYLOR, RICHARD 3150 N WICKHAM ROAD SUITE 3 MELBOURNE, FL 32935	<i>Arthur D. Allison</i> 205 Palmetto Concourse Longwood, FL 32779
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	<i>4-30-07</i>
SIGNATURE <i>Arthur D. Allison</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARTHUR, ALLISON 205 PALMETTO CONCOURSE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARTHUR, ALLISON 205 PALMETTO CONCOURSE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLISON, DEBORAH 205 PALMETTO CONCOURSE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLISON, DEBORAH 205 PALMETTO CONCOURSE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON, CHAD 205 PALMETTO CONCOURSE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, CAMILLE 7270 LEWIS GROVE RD GROVELAND, FL 34736

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	<i>4-30-07</i>
SIGNATURE: <i>Arthur D. Allison</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date Daytime Phone #